



2020 Other (Quality) Report

Certificate of Public Advantage Other (Quality) Sub-Index Measures for Ballad Health

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Other (Quality) Sub-Index

Introduction

The Other Sub-Index is comprised of measures to evaluate the quality of hospital and hospital-related care provided to residents at three levels: throughout Ballad Health's entire system, throughout Ballad Health's TN Geographic Service Area, and at the individual facility level.

The Institute of Medicine has defined the quality of health care as 'the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge'.¹

Hospital quality is important for:

- Individual and population health: Measuring and monitoring hospital quality is essential to improving health outcomes and service delivery;²
- Business: Positive feedback from consumers leads to the goodwill of service providers in the market, which indirectly expands their business;³
- Cost-effectiveness: Poor quality of care, measured by medical errors in the hospital setting, account for approximately 17 Billion dollars each year. ⁴

Population Health

Measurements of hospital quality are being used to align efforts and resources between managed care and public health to enhance the impact on population health outcomes. For example, the US Medicare system has value-based programs in which health care providers are rewarded incentive payments for the quality of care they provide to Medicare beneficiaries.⁵ These incentives are in place to motivate hospitals to improve their quality and attract patients. The financial health of the organization is thus dependent on delivering high quality care and improving population health.

¹ Institute of Medicine. Medicare: a strategy for quality assurance. 1. Washington, DC: National Academy Press; 1990.

² Lieberthal RD, Comer DM. What are the characteristics that explain hospital quality? A longitudinal prdit approach. *Risk Manag Insur Rev.* 2013;17(1):17-35.

³ Gupta KS, Rokade V. Importance of quality in health care sector: A review. *J Health Manag.* 2016;18(1):84-94.

⁴ Van Den Bos J, Rustagi K, Gray T, Malford M, Ziemkiewicz E, Shreve J. The \$17.1 billion problem: the annual cost of measurable medical errors. *Health Aff.* 2011; 30(4):596-603.

⁵ Centers for Medicare & Medicaid Services. What are the value-based programs? <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/Value-Based-Programs.html>. Accessed May 8, 2018.

Competition promotes quality

Competition in health care markets benefits consumers because it helps contain costs, improve quality, and encourage innovation.⁶ In recent years, health care markets have been subject to reforms introducing competition among health care providers. In addition to regulations promoting competition, there are regulations to protect competition. The Federal Trade Commission's job as a law enforcer is to stop health care markets from engaging in anticompetitive conduct that harms consumers.⁷ Measuring hospital quality is important to determine if the disadvantages caused by a reduction in competition continue to be outweighed by the benefits of the Cooperative Agreement.

While competition is a strong driver for quality improvement, it is not the only driver. Internal goals for increasing population health and cost-effectiveness are strong motivating forces too. Hospitals can hold themselves accountable for achieving these goals through routine/systematic measuring and monitoring of quality performance measures.

Other (Quality) Sub-Index Design

The purpose of the Other (Quality) Sub-Index is to evaluate the quality of hospital and hospital-related care provided to patients. The first Department Other (Quality) Report established the baseline values for the Sub-Index measures by reporting data available in 2018. Subsequent annual reports contain updated values on each measure to track on-going changes in healthcare quality at Ballad Health facilities. Annually, a calculation of these measures will produce an Other (Quality) Sub-Index score, which along with a Population Health Sub-Index score, and an Access to Health Services Sub-Index score, will produce a Final Score. Each year, the Final Score will be used to evaluate the continuing Public Advantage of the COPA.

The Other (Quality) measures include quality and consumer satisfaction around the following domains:

- Performance of Key Health System Divisions,
- Payer Performance,
- Employer Performance, and
- Scale, Spread, and Sustainability.

Two sets of Quality Measures are included in the Other (Quality) Sub-Index. They are Target Quality Measures and Quality Monitoring Measures.

Target Quality Measures are those for which Ballad should show improvement in quality outcomes. For the first year of the Affiliation, Ballad Health was required to maintain performance on the Target Quality Measures.

⁶Brekke KR, Cellini R, Siciliani L, Straume OR. Competition and quality in health care markets: A differential-game approach. *J Health Econ.* 2010; 29(4):508-523.

⁷ Federal Trade Commission. Health Care Competition. <https://www.ftc.gov/news-events/media-resources/mergers-competition/health-care-competition>. Accessed May 8, 2018.

For each subsequent year, Ballad Health is required to improve performance on Target Quality Measures. Achievement of Target Quality Measures account for 25 percent of the Other Sub-Index score.

The Quality Monitoring Measures provide a broad overview of system quality. The goal of these measures is to continually monitor Ballad's performance of with regard to quality. For hospital quality performance, Quality Monitoring Measures include Centers for Medicare and Medicaid Services (CMS) Hospital Compare measures. Hospital Compare measures that are identified as Target Quality Measures and measures of payment and value of care will be excluded from Quality Monitoring Measures. Ballad will be evaluated on Quality Monitoring Measures for each applicable Ballad Health Entity. Achievement of Quality Monitoring Measures accounts for 75 percent of the Other (Quality) Sub-Index score.

2020 Other (Quality) Sub-Index Data Table – for Year 2

Year 2 data for the Other (Quality) Sub-Index covers the first eight months of FY20 in accordance with Ballad's reduced reporting obligations during the period of public emergency as set out by the State [here](#).

The data were provided to the State by Ballad Health and are presented at the system, state, and individual facility level in the Tables below.

Table 1 Year 2 data for Quality Target Measures at System and State level

Desired Performance	Metric Rate	Ballad Health		TN Ballad Health	
		Baseline	FYTD20	Baseline	FYTD20
Quality Target Measures					
↓	PSI 3 Pressure Ulcer Rate	0.29	0.31	0.21	0.33
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.38	0.13	0.38	0.14
↓	PSI 8 In Hospital Fall with Hip Fracture Rate	0.10	0.05	0.10	0.05
↓	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.20	1.40	4.14	1.54
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.02	0.51	1.00	0.55
↓	PSI 11 Postoperative Respiratory Failure Rate	14.40	5.83	14.31	5.67
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	5.35	3.71	5.42	3.81
↓	PSI 13 Postoperative Sepsis Rate	6.16	4.66	6.15	4.43
↓	PSI 14 Postoperative Wound Dehiscence Rate	2.20	1.59	2.21	1.82
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	0.90	0.67	0.91	0.78
↓	CLABSI	0.774	0.680	0.822	0.728
↓	CAUTI	0.613	0.589	0.684	0.622
↓	SSI COLON Surgical Site Infection	1.166	2.500	1.120	2.909
↓	SSI HYST Surgical Site Infection	0.996	1.030	0.866	0.794
↓	MRSA	0.040	0.057	0.043	0.061
↓	CDIFF	0.585	0.330	0.594	0.349
↑	SMB: Sepsis Management Bundle	56.6%	64.40%		

Table 2 Year 2 data for Quality Monitoring Measures at System and State level

Desired Performance		Ballad Health		TN Ballad Health	
		Baseline	FYTD20	Baseline	FYTD20
General Information-Structural Measures					
YES	ACS REGISTRY - Retired	1.0	--	1.0	--
YES	SMPART GENSURG General Surgery Registry - Retired	1.0	--	1.0	--
YES	SMPART NURSE Nursing Care Registry - Retired	1.0	--	1.0	--
YES	SMSSCHECK Safe Surgery Checklist	1.0	1.0	1.0	1.0
YES	OP12 HIT Ability electronically receive lab results	1.0	1.0	1.0	1.0
YES	OP17 Tracking Clinical Results Between Visits	1.0	1.0	1.0	1.0
YES	OP25 Outpatient Safe Surgery Checklist	1.0	1.0	1.0	1.0
SURVEY OF PATIENT'S EXPERIENCE					
↑	HCOMP1A P Patients who reported that their nurses "Always" communicated well	0.8	0.8	0.8	0.8
↓	HCOMP1U P Patients who reported that their nurses "Usually" communicated well	0.1	0.1	0.1	0.2
↓	HCOMP1 SNP Patients who reported that their nurses "Sometimes" or "Never" communicated well	0.0	0.0	0.0	0.1
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	0.8	0.8	0.8	0.8
↓	their doctors "Usually" communicated	0.1	0.2	0.1	0.2
↓	HCOMP2 SNP Patients who reported that their doctors "Sometimes" or "Never" communicated well	0.0	0.1	0.0	0.1
↑	HCOMP3A P Patients who reported that they "Always" received help as soon as they wanted	0.7	0.7	0.7	0.7
↓	HCOMP3U P Patients who reported that they "Usually" received help as soon as they wanted	0.2	0.2	0.2	0.2
↓	HCOMP3 SNP Patients who reported that they "Sometimes" or "Never" received help as soon as they wanted	0.1	0.1	0.1	0.1
↑	HCOMP4A P Patients who reported that their pain was "Always" well controlled - Suspended	0.7	--	0.7	--

Desired Performance	Ballad Health		TN Ballad Health	
	Baseline	FYTD20	Baseline	FYTD20
↓ HCOMP4U P Patients who reported that their pain was “Usually” well controlled - Suspended	0.2	--	0.2	--
↓ HCOMP4 SNP Patients who reported that their pain was “Sometimes” or “Never” well controlled - Suspended	0.1	--	0.1	--
↑ HCOMP5A P Patients who reported that staff “Always” explained about medicines before giving it to them	0.7	0.6	0.7	0.6
↓ HCOMP5U P Patients who reported that staff “Usually” explained about medicines before giving it to them	0.2	0.2	0.2	0.2
↓ HCOMP5 SNP Patients who reported that staff “Sometimes” or “Never” explained about medicines before giving it to them	0.2	0.2	0.2	0.2
↑ HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	0.9	0.8	0.9	0.8
↓ HCOMP6N P Patients who reported that NO, they were not given information about what to do during their recovery at home	0.1	0.2	0.1	0.2
↑ HCOMP7SA Patients who “Strongly Agree” they understood their care when they left the hospital	0.5	0.5	0.6	0.5
↓ HCOMP7A Patients who “Agree” they understood their care when they left the hospital	0.4	0.4	0.4	0.4
↓ HCOMP7D SD Patients who “Disagree” or “Strongly Disagree” they understood their care when they left the hospital	0.0	0.0	0.1	0.0
↑ HCLEAN HSPAP Patients who reported that their room and bathroom were “Always” clean	0.7	0.8	0.7	0.8
↓ HCLEAN HSPUP Patients who reported that their room and bathroom were “Usually” clean	0.2	0.1	0.2	0.1
↓ HCLEAN HSPSNP Patients who reported that their room and bathroom were “Sometimes” or “Never” clean	0.1	0.1	0.1	0.1
↑ HQUIETHSP AP Patients who reported that the area around their room was “Always” quiet at night	0.7	0.6	0.7	0.6
↓ HQUIETHSP UP Patients who reported that the area around their room was “Usually” quiet at night	0.3	0.3	0.3	0.3

Desired Performance	Ballad Health		TN Ballad Health	
	Baseline	FYTD20	Baseline	FYTD20
↓ HQIETHSP SNP Patients who reported that the area around their room was "Sometimes" or "Never" quiet at night	0.1	0.1	0.1	0.1
↓ HHSP RATING06 Patients who gave their hospital a rating of 6 or lower on a scale from 0 (lowest) to 10 (highest)	0.1	0.1	0.1	0.1
↓ HHSP RATING78 Patients who gave their hospital a rating of 7 or 8 on a scale from 0 (lowest) to 10 (highest)	0.2	0.2	0.2	0.2
↑ HHSP RATING910 Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)	0.7	0.7	0.8	0.7
↑ HRECMND DY Patients who reported YES, they would definitely recommend the hospital	0.7	0.7	0.8	0.7
↓ HRECMND PY Patients who reported YES, they would probably recommend the hospital	0.2	0.3	0.2	0.2
↓ HRECMND DN Patients who reported NO, they would probably not or definitely not recommend the hospital	0.0	0.0	0.0	0.0
CATARACT SURGERY OUTCOME %				
OP31 Cataracts Improvement - voluntary reporting		--	--	--
COLONOSCOPY FOLLOWUP %				
↑ OP29 Avg Risk Polyp Surveillance	0.8	1.0	0.8	1.0
↑ OP30 High risk Polyp Surveillance -- RETIR	0.8	--	0.7	--
HEART ATTACK				
↑ OP4 Aspirin at Arrival AMI Chest Pain -- RETIRED	1.0	--	1.0	--
↓ OP3b Median Time to Transfer AMI --- RETIRED	47.5	--	65.0	--
↓ OP5 Median Time to ECG AMI and Chest Pain RETIRED	5.2	--	7.1	--
↑ OP2 Fibrinolytic Therapy 30 minutes -too few cases to report		--	--	--
STROKE CARE %				
↑ STK4 Thrombolytic Therapy --RETIRED	0.8	0.9	0.8	0.9
EMERGENCY DEPARTMENT THROUGHPUT				
EDV Emergency Department Volume	--	--	--	--
↓ Median Time from ED Arrival to Transport for Admitted Patients (ED1)	227.3	242.0	231.5	264.8
↓ ED2b ED Decision to Transport	69.0	74.0	90.0	81.8
↓ Median Time from ED Arrival to Departure for Outpatients (18b)	124.5	136.0	124.0	138.6
↓ OP20 Door to Diagnostic Evaluation RETIRED	15.1	--	--	--

Desired Performance		Ballad Health		TN Ballad Health	
		Baseline	FYTD20	Baseline	FYTD20
↓	OP21 Time to pain medication for long bone fractures RETIRED	37.8	--	--	--
↓	OP22 Left without being seen	0.0	0.0	0.0	0.0
↑	OP23 Head CT stroke patients	0.8	0.7	0.9	0.6
PREVENTIVE CARE %					
↑	IMM3OP27 FACADHPCT HCW Influenza Vaccination - SEASONAL	1.0	--	1.0	--
↑	IMM2 Immunization for Influenza -- SEASONAL	1.0	--	1.0	--
BLOOD CLOT PREVENTION / TREATMENT					
	VTE5 Warfarin Therapy at Discharge - voluntary reporting	--	--	--	--
↓	VTE6 HAC VTE	0.0	0.0	0.0	0.0
PREGNANCY AND DELIVERY CARE %					
↓	PC01 Elective Delivery	0.0	0.0	0.0	0.0
SURGICAL COMPLICATIONS RATE					
↓	Hip and Knee Complications	0.0	0.0	0.0	0.0
↓	PSI4SURG COMP Death rate among surgical patients with serious treatable complications	140.6	172.3	135.7	177.8
↓	PSI90 Complications / patient safety for selected indicators	0.8	1.1	0.9	1.1
READMISSIONS 30 DAYS RATE%					
↓	READM30 AMI Acute myocardial infarction (AMI) 30day readmission rate	0.1	0.1	0.1	0.2
↓	READM30 CABG Coronary artery bypass graft (CABG) surgery 30day readmission rate	0.1	0.1	0.1	0.1
↓	READM30 COPD Chronic obstructive pulmonary disease 30day readmission rate	0.2	0.2	0.2	0.2
↓	READM30 HIPKNEE 30day readmission rate following elective THA / TKA	0.0	0.0	0.0	0.0
↓	READM30 HOSP WIDE 30day hospitalwide all-cause unplanned readmission	0.1	0.1	0.1	0.1
↓	READM30 STK Stroke 30day readmission rate	0.1	0.1	0.1	0.1
↓	READM30HF Heart Failure 30Day readmissions rate	0.2	0.2	0.2	0.2
↓	READM30PN Pneumonia 30day readmission rate	0.2	0.2	0.2	0.2
MORTALITY 30 DAYS DEATH RATE %					
↓	MORT30 CABG Coronary artery bypass graft surgery 30day mortality rate	0.0	0.0	0.0	0.0
↓	MORT30 COPD 30day mortality rate COPD patients	0.0	0.0	0.0	0.0
↓	MORT30AMI Acute myocardial infarction (AMI) 30day mortality rate	0.0	0.1	0.1	0.1

Desired Performance		Ballad Health		TN Ballad Health	
		Baseline	FYTD20	Baseline	FYTD20
↓	MORT30HF Heart failure 30day mortality rate	0.0	0.0	0.1	0.0
↓	MORT30PN Pneumonia 30day mortality rate	0.0	0.0	0.1	0.1
↓	MORT30STK Stroke 30day mortality rate	0.1	0.1	0.1	0.1
USE OF MEDICAL IMAGING OUTPATIENT					
	OP8 MRI Lumbar Spine for Low Back Pain - Annual	0.4	--	0.4	--
	OP9 Mammography Followup Rates - Annual	0.1	--	0.1	--
	OP10 Abdomen CT Use of Contrast Material - Annual	0.1	--	0.1	--
	OP11 Thorax CT Use of Contrast Material - Annual	0.0	--	0.0	--
	OP13 Outpatients who got cardiac imaging stress tests before lowrisk outpatient surgery - Annual	0.0	--	0.0	--
	OP14 Outpatients with brain CT scans who got a sinus CT scan at the same time - Annual	0.0	--	0.0	--

Note: Use of Medical Imaging Outpatient data are all calculated by Hospital Compare annually and were not available for the eight-month time period covered by this report.

Table 3 Year 2 data for the Other (Quality) Sub-Index by individual facility

*includes WPH and NsCH

+ Greenville East and Greenville West

Desired Performance		Holston Valley Medical Center		Johnson City Medical Center*		Bristol Regional Medical Center		Indian Path Community Hospital		Greenville Community Hospital+		Franklin Woods Community Hospital	
		Baseline	FYTD20	Baseline	FYTD20	Baseline	FYTD20	Baseline	FYTD20	Baseline	FYTD20	Baseline	FYTD20
Quality Target Measures													
↓	PSI 3 Pressure Ulcer Rate	0.4	1.3	0.1	0.1	0.4	0.3	0.2	0.0	0.2	0.0	0.2	0.0
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.5	0.0	0.3	0.1	0.3	0.3	0.4	0.0	0.4	0.4	0.4	0.0
↓	PSI 8 In Hospital Fall with Hip Fracture Rate	0.1	0.1	0.1	0.1	0.1	0.0	0.1	0.0	0.1	0.0	0.1	0.0
↓	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.0	1.0	3.6	0.9	4.7	2.7	4.8	0.0	4.5	4.0	4.4	4.4
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	0.9	0.5	1.1	0.7	1.0	0.8	1.1	0.0	1.1	0.0	1.1	0.0
↓	PSI 11 Postoperative Respiratory Failure Rate	16.8	4.9	12.0	5.9	16.5	5.6	12.4	0.0	9.0	17.5	12.1	8.1
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	5.8	3.0	5.9	4.0	4.6	4.3	5.8	0.0	5.1	9.7	3.7	4.1
↓	PSI 13 Postoperative Sepsis Rate	6.0	2.7	8.3	6.3	3.7	2.5	5.9	0.0	5.4	11.7	6.5	16.7
↓	PSI 14 Postoperative Wound Dehiscence Rate	2.6	1.6	2.0	2.8	2.0	0.0	2.2	0.0	2.2	0.0	2.2	3.2
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	0.8	0.0	0.8	1.2	1.2	1.3	0.9	0.0	0.9	2.0	0.9	0.0
↓	CLABSI	0.7	1.0	1.1	1.2	1.2	0.3	0.0	0.0	0.0	0.0	0.0	0.0
↓	CAUTI	0.9	0.5	1.0	1.4	0.8	0.8	0.0	0.0	0.0	0.4	0.4	0.0
↓	SSI COLON Surgical Site Infection	1.4	2.2	1.9	2.7	0.0	3.9	0.0	2.9	1.2	4.0	1.5	2.8
↓	SSI HYST Surgical Site Infection	0.6	1.6	2.5	0.0	0.0	0.0	7.1	0.0	--	0.0	0.0	0.0
↓	MRSA	0.0	0.1	0.1	0.1	0.1	0.1	0.1	0.0	0.0	0.1	0.0	0.1
↓	CDIFF	0.7	0.4	0.5	0.3	0.7	0.4	0.8	0.0	0.3	0.2	0.3	0.6

*includes WPH and NsCH

+ Greenville East and Greenville West

Desired Performance	Holston Valley Medical Center		Johnson City Medical Center*		Bristol Regional Medical Center		Indian Path Community Hospital		Greenville Community Hospital+		Franklin Woods Community Hospital	
	Baseline	FYTD20	Baseline	FYTD20	Baseline	FYTD20	Baseline	FYTD20	Baseline	FYTD20	Baseline	FYTD20
↑ HCOMP4A P Patients who reported that their pain was “Always” well controlled - Suspended	0.7	--	0.7	--	0.7	--	0.7	--	0.7	--	0.8	--
↓ HCOMP4U P Patients who reported that their pain was “Usually” well controlled - Suspended	0.2	--	0.3	--	0.2	--	0.2	--	0.2	--	0.2	--
↓ HCOMP4 SNP Patients who reported that their pain was “Sometimes” or “Never” well controlled - Suspended	0.1	--	0.1	--	0.1	--	0.1	--	0.1	--	0.1	--
↑ HCOMP5A P Patients who reported that staff “Always” explained about medicines before giving it to them	0.6	0.6	0.6	0.6	0.7	0.7	0.6	0.6	0.6	0.6	0.7	0.6
↓ HCOMP5U P Patients who reported that staff “Usually” explained about medicines before giving it to them	0.2	0.1	0.2	0.2	0.2	0.1	0.2	0.2	0.2	0.1	0.2	0.2
↓ HCOMP5 SNP Patients who reported that staff “Sometimes” or “Never” explained about medicines before giving it to them	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.3	0.2	0.2	0.2	0.2
↑ HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	0.9	0.9	0.8	0.9	0.9	0.9	0.9	0.8	0.9	0.9	0.9	0.8
↓ HCOMP6N P Patients who reported that NO, they were not given information about what to do during their recovery at home	0.1	0.1	0.2	0.2	0.1	0.1	0.1	0.2	0.1	0.1	0.1	0.2
↑ HCOMP7SA Patients who “Strongly Agree” they understood their care when they left the hospital	0.5	0.5	0.5	0.5	0.5	0.5	0.6	0.5	0.5	0.5	0.6	0.5
↓ HCOMP7A Patients who “Agree” they understood their care when they left the hospital	0.4	0.4	0.5	0.4	0.4	0.4	0.4	0.4	0.5	0.4	0.3	0.3
↓ HCOMP7D SD Patients who “Disagree” or “Strongly Disagree” they understood their care when they left the hospital	0.1	--	0.1	--	0.1	--	0.1	--	0.1	--	0.1	--
↑ HCLEAN HSPAP Patients who reported that their room and bathroom were “Always” clean	0.7	0.7	0.6	0.7	0.6	0.6	0.7	0.8	0.7	0.7	0.8	0.8
↓ HCLEAN HSPUP Patients who reported that their room and bathroom were “Usually” clean	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.1	0.2

*includes WPH and NsCH

+ Greenville East and Greenville West

Desired Performance	Holston Valley Medical Center		Johnson City Medical Center*		Bristol Regional Medical Center		Indian Path Community Hospital		Greenville Community Hospital+		Franklin Woods Community Hospital	
	Baseline	FYTD20	Baseline	FYTD20	Baseline	FYTD20	Baseline	FYTD20	Baseline	FYTD20	Baseline	FYTD20
↓ HCLEAN HSPSNP Patients who reported that their room and bathroom were "Sometimes" or "Never" clean	0.1	0.2	0.1	0.1	0.2	0.2	0.1	0.1	0.1	0.1	0.0	0.1
↑ HQUIETHSP AP Patients who reported that the area around their room was "Always" quiet at night	0.6	0.6	0.5	0.5	0.7	0.7	0.7	0.6	0.6	0.6	0.7	0.7
↓ HQUIETHSP UP Patients who reported that the area around their room was "Usually" quiet at night	0.3	0.2	0.4	0.4	0.3	0.2	0.3	0.3	0.3	0.2	0.2	0.2
↓ HQUIETHSP SNP Patients who reported that the area around their room was "Sometimes" or "Never" quiet at night	0.1	0.2	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.0	0.1
↓ HHSP RATING06 Patients who gave their hospital a rating of 6 or lower on a scale from 0 (lowest) to 10 (highest)	0.1	0.1	0.1	0.2	0.1	0.1	0.1	0.1	0.1	0.1	0.0	0.1
↓ HHSP RATING78 Patients who gave their hospital a rating of 7 or 8 on a scale from 0 (lowest) to 10 (highest)	0.2	0.2	0.2	0.2	0.2	0.3	0.2	0.2	0.2	0.2	0.1	0.2
↑ HHSP RATING910 Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)	0.7	0.6	0.7	0.6	0.8	0.6	0.7	0.7	0.8	0.6	0.8	0.7
↑ HRECMND DY Patients who reported YES, they would definitely recommend the hospital	0.8	0.7	0.7	0.6	0.8	0.7	0.8	0.7	0.8	0.6	0.9	0.8
↓ HRECMND PY Patients who reported YES, they would probably recommend the hospital	0.2	0.2	0.3	0.3	0.2	0.2	0.2	0.2	0.2	0.3	0.1	0.2
↓ HRECMND DN Patients who reported NO, they would probably not or definitely not recommend the hospital	0.0	0.1	0.1	0.1	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0
CATARACT SURGERY OUTCOME %												
OP31 Cataracts Improvement - voluntary reporting	--	--	--	--	--	--	--	--	--	--	--	--
COLONOSCOPY FOLLOWUP %												
↑ OP29 Avg Risk Polyp Surveillance	--	1.0	0.7	1.0	0.6	0.4	--	1.0	0.9	1.0	0.8	0.9
↑ OP30 High risk Polyp Surveillance -- RETIR	0.6	--	0.7	--	0.5	--	0.7	--	0.9	--	1.0	--
HEART ATTACK												
↑ OP4 Aspirin at Arrival AMI Chest Pain -- RETIRED	--	--	--	--	--	--	--	--	--	--	--	--
↓ OP3b Median Time to Transfer AMI --- RETIRED	--	--	--	--	--	--	--	--	--	--	--	--

*includes WPH and NsCH

+ Greenville East and Greenville West

Desired Performance	Holston Valley Medical Center		Johnson City Medical Center*		Bristol Regional Medical Center		Indian Path Community Hospital		Greenville Community Hospital+		Franklin Woods Community Hospital	
	Baseline	FYTD20	Baseline	FYTD20	Baseline	FYTD20	Baseline	FYTD20	Baseline	FYTD20	Baseline	FYTD20
↓ OP5 Median Time to ECG AMI and Chest Pain RETIRED	--	--	--	--	--	--	--	--	--	--	--	--
↑ OP2 Fibrinolytic Therapy 30 minutes -too few cases to report	--	--	--	--	--	--	--	--	--	--	--	--
STROKE CARE %												
↑ STK4 Thrombolytic Therapy --RETIRED	--	1.0	--	0.9	--	0.9	--	--	--	--	--	--
EMERGENCY DEPARTMENT THROUGHPUT												
EDV Emergency Department Volume	Very High	--	Very High	--	High	--	Medium	--	Medium	--	Medium	--
↓ Median Time from ED Arrival to Transport for Admitted Patients (ED1)	340.0	447.0	245.0	306.5	255.0	300.0	220.0	272.0	206.0	321.0	234.0	300.0
↓ ED2b ED Decision to Transport	186.0	179.8	95.0	107.3	96.0	88.3	78.0	81.8	48.9	111.3	70.0	114.0
↓ Median Time from ED Arrival to Departure for Outpatients (18b)	153.0	179.0	152.0	185.0	147.0	166.0	121.0	162.0	124.0	139.8	130.0	158.0
↓ OP20 Door to Diagnostic Evaluation RETIRED	--	--	--	--	--	--	--	--	--	--	--	--
↓ OP21 Time to pain medication for long bone fractures RETIRED	--	--	--	--	--	--	--	--	--	--	--	--
↓ OP22 Left without being seen	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
↑ OP23 Head CT stroke patients	0.8	0.5	--	0.5	--	1.0	--	0.3	1.0	0.4	--	0.7
PREVENTIVE CARE %												
↑ IMM3OP27 FACADHPCT HCW Influenza Vaccination - SEASONAL	0.9	--	1.0	--	1.0	--	1.0	--	1.0	--	1.0	--
↑ IMM2 Immunization for Influenza -- SEASONAL	1.0	--	1.0	--	1.0	--	1.0	--	1.0	--	1.0	--
BLOOD CLOT PREVENTION / TREATMENT												
VTE5 Warfarin Therapy at Discharge -voluntary reporting	--	--	--	--	--	--	--	--	--	--	--	--
↓ VTE6 HAC VTE	0.0	--	0.0	--	0.0	--	--	--	--	0.0	--	--
PREGNANCY AND DELIVERY CARE %												
↓ PC01 Elective Delivery	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
SURGICAL COMPLICATIONS RATE												
↓ Hip and Knee Complications	0.0	0.0	0.0	0.0	0.0	0.0	0.0	--	0.0	0.0	--	--
↓ PSI4SURG COMP Death rate among surgical patients with serious treatable complications	130.2	166.7	153.5	202.2	123.3	136.4	135.6	40.0	135.9	333.3	154.5	80.0
↓ PSI90 Complications / patient safety for selected indicators	1.1	1.4	0.9	1.1	0.8	1.4	0.9	1.1	1.1	1.0	0.8	1.0
READMISSIONS 30 DAYS RATE%												
↓ READM30 AMI Acute myocardial infarction (AMI) 30day readmission rate	0.1	0.2	0.1	0.1	0.1	0.1	0.1	0.0	0.2	0.2	0.0	0.5

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+ Greenville East and Greenville West

Desired Performance	Holston Valley Medical Center		Johnson City Medical Center*		Bristol Regional Medical Center		Indian Path Community Hospital		Greenville Community Hospital+		Franklin Woods Community Hospital	
	Baseline	FYTD20	Baseline	FYTD20	Baseline	FYTD20	Baseline	FYTD20	Baseline	FYTD20	Baseline	FYTD20
↓ READM30 CABG Coronary artery bypass graft (CABG) surgery 30day readmission rate	0.1	0.1	0.1	0.1	0.1	0.1	--	--	--	--	--	--
↓ READM30 COPD Chronic obstructive pulmonary disease 30day readmission rate	0.2	0.3	0.2	0.2	0.2	0.2	0.2	0.1	0.2	0.2	0.1	0.1
↓ READM30 HIPKNEE 30day readmission rate following elective THA / TKA	0.0	0.0	0.0	0.0	0.0	0.1	0.0	--	0.0	0.0	--	--
↓ READM30 HOSPWIDE 30day hospitalwide allcause unplanned readmission	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.2	--	0.0	0.1
↓ READM30 STK Stroke 30day readmission rate	0.1	0.0	0.1	0.1	0.1	0.1	0.1	0.0	0.1	0.2	0.0	0.0
↓ READM30HF Heart Failure 30Day readmissions rate	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.1	0.2	0.1	0.1	0.2
↓ READM30PN Pneumonia 30day readmission rate	0.2	0.2	0.2	0.2	0.1	0.2	0.1	0.1	0.2	0.1	0.2	0.2
MORTALITY 30 DAYS DEATH RATE %												
↓ MORT30 CABG Coronary artery bypass graft surgery 30day mortality rate	0.0	0.1	0.0	0.0	0.0	0.0	--	--	--	--	--	--
↓ MORT30 COPD 30day mortality rate COPD patients	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0
↓ MORT30AMI Acute myocardial infarction (AMI) 30day mortality rate	0.0	0.0	0.0	0.1	0.0	0.1	0.0	0.0	0.1	0.0	--	0.0
↓ MORT30HF Heart failure 30day mortality rate	0.0	0.0	0.0	0.1	0.0	0.1	0.0	0.1	0.2	0.0	0.0	0.0
↓ MORT30PN Pneumonia 30day mortality rate	0.0	0.1	0.1	0.1	0.0	0.0	0.0	0.1	0.2	0.0	0.0	0.0
↓ MORT30STK Stroke 30day mortality rate	0.2	0.0	0.1	0.1	0.2	0.1	0.0	0.2	0.1	0.1	--	0.0

*includes WPH and NsCH

+ Greenville East and Greenville West

Desired Performance	Holston Valley Medical Center		Johnson City Medical Center*		Bristol Regional Medical Center		Indian Path Community Hospital		Greenville Community Hospital+		Franklin Woods Community Hospital	
	Baseline	FYTD20	Baseline	FYTD20	Baseline	FYTD20	Baseline	FYTD20	Baseline	FYTD20	Baseline	FYTD20
USE OF MEDICAL IMAGING OUTPATIENT												
OP8 MRI Lumbar Spine for Low Back Pain - Annual	0.4	--	0.4	--	0.4	--	--	--	0.5	--	0.3	--
OP9 Mammography Followup Rates - Annual	0.0	--	0.1	--	0.1	--	0.1	--	0.2	--	--	--
OP10 Abdomen CT Use of Contrast Material - Annual	0.1	--	0.0	--	0.0	--	0.1	--	0.1	--	0.1	--
OP11 Thorax CT Use of Contrast Material - Annual	0.0	--	0.0	--	0.0	--	0.0	--	0.0	--	0.0	--
OP13 Outpatients who got cardiac imaging stress tests before lowrisk outpatient surgery - Annual	0.0	--	0.0	--	0.0	--	0.0	--	0.0	--	0.0	--
OP14 Outpatients with brain CT scans who got a sinus CT scan at the same time - Annual	0.0	--	0.0	--	0.0	--	--	--	0.0	--	--	--

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**includes MVRMC

Desired Performance	Metric Rate	Sycamore Shoals Hospital		Unicoi County Hospital		Hawkins County Memorial Hospital		Johnston Memorial Hospital		Lonesome Pine Hospital**	
		Baseline	FYTD20	Baseline	FYTD20	Baseline	FYTD20	Baseline	FYTD20	Baseline	FYTD20
	Quality Target Measures										
↓	PSI 3 Pressure Ulcer Rate	0.2	0.0	0.2	0.0	0.2	0.0	1.0	0.0	0.2	0.0
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.4	0.0	0.4	0.0	0.4	0.0	0.3	0.3	0.4	0.0
↓	PSI 8 In Hospital Fall with Hip Fracture Rate	0.1	0.0	0.1	0.0	0.1	0.0	0.1	0.0	0.1	0.0
↓	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.7	0.0	4.8	--	0.0	0.0	4.5	0.0	4.7	0.0
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.1	0.0	--	--	--	0.0	1.3	0.0	1.1	0.0
↓	PSI 11 Postoperative Respiratory Failure Rate	13.4	0.0	--	--	--	0.0	16.4	5.6	10.6	62.5
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	4.0	0.0	4.3	--	--	0.0	5.0	3.0	4.1	0.0
↓	PSI 13 Postoperative Sepsis Rate	6.7	0.0	--	--	--	0.0	6.6	16.7	5.8	0.0
↓	PSI 14 Postoperative Wound Dehiscence Rate	--	12.0	--	--	--	0.0	2.1	0.0	2.2	0.0
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	--	0.0	--	--	--	0.0	0.8	0.0	0.9	0.0
↓	CLABSI	0.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
↓	CAUTI	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.4	0.0	2.2
↓	SSI COLON Surgical Site Infection	3.2	0.0	--	--	0.0	0.0	0.0	0.0	0.0	0.0
↓	SSI HYST Surgical Site Infection	0.0	0.0	--	--	--	--	0.0	4.8	5.6	0.0
↓	MRSA	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0
↓	CDIFF	0.6	0.3	0.0	0.0	0.0	0.0	1.1	0.2	0.3	0.0
General Information-Structural Measures											
YES	ACS REGISTRY - Retired	1.0	--	0.0	--	0.0	--	1.0	--	0.0	--
YES	SMPART GENSURG General Surgery Registry - Retired	1.0	--	1.0	--	1.0	--	1.0	--	1.0	--
YES	SMPART NURSE Nursing Care Registry - Retired	1.0	--	0.0	--	0.0	--	0.0	--	0.0	--
YES	SMSSCHECK Safe Surgery Checklist	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0

Desired Performance	Metric Rate	**includes MVRMC									
		Sycamore Shoals Hospital		Unicoi County Hospital		Hawkins County Memorial Hospital		Johnston Memorial Hospital		Lonesome Pine Hospital**	
		Baseline	FYTD20	Baseline	FYTD20	Baseline	FYTD20	Baseline	FYTD20	Baseline	FYTD20
YES	OP12 HIT Ability electronically receive lab results	1.0	1.0	1.0	1.0	0.0	0.0	1.0	1.0	0.0	1.0
YES	OP17 Tracking Clinical Results Between Visits	1.0	1.0	1.0	1.0	0.0	1.0	1.0	1.0	1.0	0.0
YES	OP25 Outpatient Safe Surgery Checklist	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	0.0	0.0
SURVEY OF PATIENT'S EXPERIENCE											
↑	HCOMP1A P Patients who reported that their nurses "Always" communicated well	0.9	0.8	0.8	0.8	0.9	0.9	0.8	0.8	0.8	0.9
↓	HCOMP1U P Patients who reported that their nurses "Usually" communicated well	0.1	0.2	0.2	0.1	0.1	0.1	0.2	0.2	0.1	0.1
↓	HCOMP1 SNP Patients who reported that their nurses "Sometimes" or "Never" communicated well	0.0	0.1	0.0	0.0	0.0	0.0	0.1	0.1	0.1	0.0
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	0.9	0.8	0.8	0.8	0.9	0.9	0.8	0.8	0.8	0.9
↓	HCOMP2U P Patients who reported that their doctors "Usually" communicated well	0.1	0.1	0.1	0.1	0.1	0.0	0.1	0.2	0.1	0.1
↓	HCOMP2 SNP Patients who reported that their doctors "Sometimes" or "Never" communicated well	0.0	0.1	0.1	0.1	0.0	0.1	0.1	0.0	0.1	0.1
↑	HCOMP3A P Patients who reported that they "Always" received help as soon as they wanted	0.8	0.7	0.7	0.8	0.8	0.8	0.6	0.6	0.7	0.8
↓	HCOMP3U P Patients who reported that they "Usually" received help as soon as they wanted	0.1	0.2	0.2	0.1	0.2	0.1	0.3	0.3	0.2	0.2
↓	HCOMP3 SNP Patients who reported that they "Sometimes" or "Never" received help as soon as they wanted	0.1	0.1	0.1	0.1	0.0	0.1	0.1	0.1	0.1	0.1

Desired Performance	Metric Rate	**includes MVRMC									
		Sycamore Shoals Hospital		Unicoi County Hospital		Hawkins County Memorial Hospital		Johnston Memorial Hospital		Lonesome Pine Hospital**	
		Baseline	FYTD20	Baseline	FYTD20	Baseline	FYTD20	Baseline	FYTD20	Baseline	FYTD20
↑	HCOMP4A P Patients who reported that their pain was “Always” well controlled - Suspended	0.8	--	0.7	--	0.8	--	0.7	--	0.8	--
↓	HCOMP4U P Patients who reported that their pain was “Usually” well controlled - Suspended	0.2	--	0.3	--	0.1	--	0.2	--	0.2	--
↓	HCOMP4 SNP Patients who reported that their pain was “Sometimes” or “Never” well controlled - Suspended	0.1	--	0.0	--	0.1	--	0.1	--	0.1	--
↑	HCOMP5A P Patients who reported that staff “Always” explained about medicines before giving it to them	0.7	0.6	0.7	0.8	0.8	0.8	0.6	0.6	0.7	0.8
↓	HCOMP5U P Patients who reported that staff “Usually” explained about medicines before giving it to them	0.1	0.2	0.1	0.1	0.1	0.1	0.2	0.2	0.1	0.1
↓	HCOMP5 SNP Patients who reported that staff “Sometimes” or “Never” explained about medicines before giving it to them	0.1	0.2	0.2	0.1	0.1	0.1	0.2	0.2	0.2	0.1
↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	0.9	0.8	0.8	0.8	0.9	0.8	0.9	0.9	0.9	0.8
↓	HCOMP6N P Patients who reported that NO, they were not given information about what to do during their recovery at home	0.1	0.2	0.2	0.2	0.1	0.2	0.1	0.1	0.1	0.2
↑	HCOMP7SA Patients who “Strongly Agree” they understood their care when they left the hospital	0.6	0.5	0.5	0.6	0.6	0.6	0.5	0.4	0.5	0.4
↓	HCOMP7A Patients who “Agree” they understood their care when they left the hospital	0.4	0.4	0.5	0.3	0.4	0.3	0.5	0.5	0.4	0.5

Desired Performance	Metric Rate										**includes MVRMC
	Sycamore Shoals Hospital		Unicoi County Hospital		Hawkins County Memorial Hospital		Johnston Memorial Hospital		Lonesome Pine Hospital**		
	Baseline	FYTD20	Baseline	FYTD20	Baseline	FYTD20	Baseline	FYTD20	Baseline	FYTD20	
↓ HCOMP7D SD Patients who “Disagree” or “Strongly Disagree” they understood their care when they left the hospital	0.0	--	0.1	--	0.0	--	0.1	--	0.1	--	
↑ HCLEAN HSPAP Patients who reported that their room and bathroom were “Always” clean	0.8	0.8	0.7	0.9	0.9	0.9	0.7	0.7	0.7	0.8	
↓ HCLEAN HSPUP Patients who reported that their room and bathroom were “Usually” clean	0.1	0.1	0.2	0.1	0.1	0.0	0.2	0.2	0.2	0.1	
↓ HCLEAN HSPSNP Patients who reported that their room and bathroom were “Sometimes” or “Never” clean	0.1	0.1	0.1	0.0	0.1	0.0	0.1	0.1	0.1	0.0	
↑ HQUIETHSP AP Patients who reported that the area around their room was “Always” quiet at night	0.7	0.6	0.7	0.7	0.7	0.8	0.6	0.6	0.7	0.8	
↓ HQUIETHSP UP Patients who reported that the area around their room was “Usually” quiet at night	0.2	0.3	0.2	0.2	0.2	0.2	0.3	0.3	0.3	0.2	
↓ HQUIETHSP SNP Patients who reported that the area around their room was “Sometimes” or “Never” quiet at night	0.0	0.1	0.1	0.1	0.1	0.0	0.1	0.1	0.1	0.0	
↓ HHSP RATING06 Patients who gave their hospital a rating of 6 or lower on a scale from 0 (lowest) to 10 (highest)	0.0	0.1	0.1	0.1	0.1	0.0	0.1	0.1	0.1	0.1	
↓ HHSP RATING78 Patients who gave their hospital a rating of 7 or 8 on a scale from 0 (lowest) to 10 (highest)	0.2	0.2	0.2	0.1	0.2	0.1	0.2	0.2	0.2	0.2	
↑ HHSP RATING910 Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)	0.8	0.7	0.7	0.8	0.7	0.8	0.7	0.6	0.7	0.7	
↑ HRECMND DY Patients who reported YES, they would definitely recommend the hospital	0.8	0.7	0.6	0.8	0.8	0.8	0.7	0.6	0.7	0.7	

Desired Performance	Metric Rate										**includes MVRMC
	Sycamore Shoals Hospital		Unicoi County Hospital		Hawkins County Memorial Hospital		Johnston Memorial Hospital		Lonesome Pine Hospital**		
	Baseline	FYTD20	Baseline	FYTD20	Baseline	FYTD20	Baseline	FYTD20	Baseline	FYTD20	
↓	HRCMND PY Patients who reported YES, they would probably recommend the hospital	0.2	0.3	0.3	0.1	0.2	0.2	0.3	0.3	0.2	0.2
↓	HRCMND DN Patients who reported NO, they would probably not or definitely not recommend the hospital	0.0	0.0	0.1	0.0	0.0	0.0	0.1	0.0	0.1	0.0
CATARACT SURGERY OUTCOME %											
	OP31 Cataracts Improvement - voluntary reporting	--	--	--	--	--	--	--	--	--	--
COLONOSCOPY FOLLOWUP %											
↑	OP29 Avg Risk Polyp Surveillance	1.0	1.0	0.0	--	1.0	1.0	1.0	1.0	0.3	0.5
↑	OP30 High risk Polyp Surveillance -- RETIRED	0.8	--	0.3	--	1.0	--	1.0	--	0.7	--
HEART ATTACK											
↑	OP4 Aspirin at Arrival AMI Chest Pain -- RETIRED	--	--	--	--	--	--	1.0	--	1.0	--
↓	OP3b Median Time to Transfer AMI --- RETIRED	--	--	--	--	--	--	--	--	--	--
↓	OP5 Median Time to ECG AMI and Chest Pain RETIRED	--	--	--	--	--	--	--	--	--	--
↑	OP2 Fibrinolytic Therapy 30 minutes -too few cases to report	--	--	--	--	--	--	--	--	--	--
STROKE CARE %											
↑	STK4 Thrombolytic Therapy --RETIRED	--	--	--	--	--	--	--	--	--	--
EMERGENCY DEPARTMENT THROUGHPUT											
	EDV Emergency Department Volume	Medium	--	Low	--	Low	--	High	--	Medium	--
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	210.0	214.5	209.0	208.3	175.0	212.0	272.0	317.0	213.0	243.0
↓	ED2b ED Decision to Transport	69.0	65.0	42.9	50.5	49.0	48.3	112.0	121.5	53.0	60.9
↓	Median Time from ED Arrival to Departure for Outpatients (18b)	124.0	119.5	119.0	111.0	80.0	106.0	143.0	178.0	120.0	114.8
↓	OP20 Door to Diagnostic Evaluation RETIRED	--	--	--	--	--	--	11.0	--	23.0	--

Desired Performance	Metric Rate	**includes MVRMC									
		Sycamore Shoals Hospital		Unicoi County Hospital		Hawkins County Memorial Hospital		Johnston Memorial Hospital		Lonesome Pine Hospital**	
		Baseline	FYTD20	Baseline	FYTD20	Baseline	FYTD20	Baseline	FYTD20	Baseline	FYTD20
↓	OP21 Time to pain medication for long bone fractures RETIRED	--	--	--	--	--	--	28.0	--	64.0	--
↓	OP22 Left without being seen	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
↑	OP23 Head CT stroke patients	--	0.6	--	--	--	0.5	0.8	0.9	--	0.8
PREVENTIVE CARE %											
↑	IMM3OP27 FACADHPCT HCW Influenza Vaccination - SEASONAL	1.0	--	1.0	--	1.0	--	1.0	--	1.0	--
↑	IMM2 Immunization for Influenza -- SEASONAL	1.0	--	0.9	--	1.0	--	1.0	--	1.0	--
BLOOD CLOT PREVENTION / TREATMENT											
	VTE5 Warfarin Therapy at Discharge - voluntary reporting	--	--	--	--	--	--	--	--	--	--
↓	VTE6 HAC VTE	--	--	--	--	--	0.0	0.0	--	--	--
PREGNANCY AND DELIVERY CARE %											
↓	PC01 Elective Delivery	--	--	--	--	--	--	0.0	0.0	0.1	0.1
SURGICAL COMPLICATIONS RATE											
↓	Hip and Knee Complications	0.0	0.0	--	--	--	--	0.0	0.0	0.0	0.0
↓	PSI4SURG COMP Death rate among surgical patients with serious treatable complications	125.0	200.0	--	--	--	0.0	147.4	113.2	--	400.0
↓	PSI90 Complications / patient safety for selected indicators	0.9	1.0	0.8	1.0	0.9	1.0	0.8	1.0	0.9	0.9
READMISSIONS 30 DAYS RATE%											
↓	READM30 AMI Acute myocardial infarction (AMI) 30day readmission rate	0.2	0.4	--	--	--	0.0	0.1	0.1	0.2	--
↓	READM30 CABG Coronary artery bypass graft (CABG) surgery 30day readmission rate	--	--	--	--	--	--	0.2	--	--	--
↓	READM30 COPD Chronic obstructive pulmonary disease 30day readmission rate	0.1	0.2	--	0.3	0.2	0.2	0.2	0.2	0.3	0.2
↓	READM30 HIPKNEE 30day readmission rate following elective THA / TKA	0.0	0.1	--	--	--	--	0.1	0.1	--	0.0

Desired Performance	Metric Rate	**includes MVRMC									
		Sycamore Shoals Hospital		Unicoi County Hospital		Hawkins County Memorial Hospital		Johnston Memorial Hospital		Lonesome Pine Hospital**	
		Baseline	FYTD20	Baseline	FYTD20	Baseline	FYTD20	Baseline	FYTD20	Baseline	FYTD20
↓	READM30 HOSPWIDE 30day hospitalwide allcause unplanned readmission	0.1	0.1	--	0.1	0.1	0.2	0.1	0.1	0.2	0.1
↓	READM30 STK Stroke 30day readmission rate	0.1	0.1	--	--	--	0.0	0.1	0.0	--	1.0
↓	READM30HF Heart Failure 30Day readmissions rate	0.1	0.3	--	0.1	0.2	0.1	0.2	0.3	0.3	0.1
↓	READM30PN Pneumonia 30day readmission rate	--	0.2	--	0.1	0.2	0.2	0.2	0.1	0.2	0.1
MORTALITY 30 DAYS DEATH RATE %											
↓	MORT30 CABG Coronary artery bypass graft surgery 30day mortality rate	--	--	--	--	--	--	--	--	--	--
↓	MORT30 COPD 30day mortality rate COPD patients	0.0	0.0	--	0.0	0.0	0.0	0.0	0.0	0.0	0.0
↓	MORT30AMI Acute myocardial infarction (AMI) 30day mortality rate	0.1	0.3	--	--	--	0.0	0.0	0.0	0.0	--
↓	MORT30HF Heart failure 30day mortality rate	0.0	0.0	--	0.0	0.0	0.0	0.0	0.1	0.1	0.1
↓	MORT30PN Pneumonia 30day mortality rate	0.0	0.0	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0
↓	MORT30STK Stroke 30day mortality rate	0.0	0.0	--	0.0	--	0.0	0.0	0.1	0.1	0.0
USE OF MEDICAL IMAGING OUTPATIENT											
	OP8 MRI Lumbar Spine for Low Back Pain - Annual	--	--	--	--	--	--	0.4	--	0.5	--
	OP9 Mammography Followup Rates - Annual	0.1	--	0.0	--	0.0	--	0.0	--	0.1	--
	OP10 Abdomen CT Use of Contrast Material - Annual	0.0	--	0.0	--	0.1	--	0.0	--	0.1	--
	OP11 Thorax CT Use of Contrast Material - Annual	0.0	--	0.0	--	0.0	--	0.0	--	0.0	--
	OP13 Outpatients who got cardiac imaging stress tests before lowrisk outpatient surgery - Annual	0.0	--	--	--	--	--	0.0	--	0.1	--
	OP14 Outpatients with brain CT scans who got a sinus CT scan at the same time - Annual	0.0	--	0.0	--	--	--	0.0	--	0.0	--

Appendix 1: *Background*

A **Certificate of Public Advantage (COPA)** is the written approval by the Tennessee Department of Health (TDH) that governs a Cooperative Agreement (a merger) among two or more hospitals. A COPA provides state action immunity to the hospitals from state and federal antitrust laws by **replacing competition with state regulation and Active Supervision**. The goal of the COPA process is to protect the interests of the public in the region affected and the State.

TDH has the authority to issue a COPA if applicants pursuing a COPA demonstrate that the likely benefits of the proposed Cooperative Agreement outweigh the likely disadvantages that would result from the loss of competition. The ability to grant a COPA is authorized by Tennessee's Hospital Cooperation Act of 1993, amended in 2015. Permanent Rules [1200-38-01](#) implement T.C.A. § 68-11-1301 – 68-11-1309.

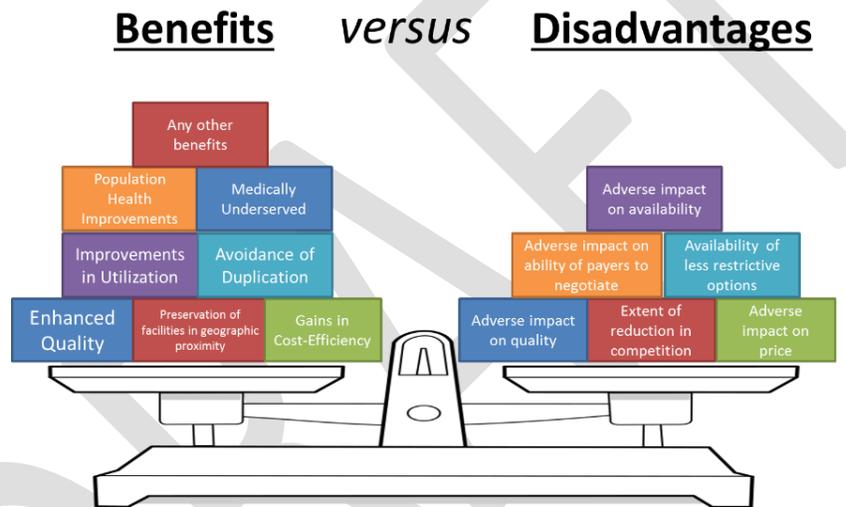
In 2016 Mountain States Health Alliance and Wellmont Health System filed an application with TDH to form a Cooperative Agreement. Together they had a combined market share of over 75 percent in a geographic service area that spans ten counties in northeast Tennessee and 11 counties in southwest Virginia (covering a total square mile area equal to the size of New Jersey) and impacting a population of nearly 960,000 residents (roughly equivalent to the population of Montana). These two systems had applied to the state to sanction the largest COPA-governed merger in the country to date.

On January 31, 2018, after a lengthy and robust application review process, the Tennessee Department of Health, in coordination with the Tennessee Office of the Attorney General and Reporter, issued a Certificate of Public Advantage to Mountain States Health Alliance and Wellmont Health System, allowing them to merge under the name Ballad Health.

- [Executed Letter of Approval](#)
- [Amended and Restated Terms of Certification, dated July 31, 2019. \(Terms of Certification, dated January 31, 2018\)](#)
- [Certificate of Public Advantage](#)

Appendix 2: Assessing Ongoing Public Advantage

TDH worked with the applicants and the Attorney General's Office to create an **index** that will be used to determine if the **disadvantages** caused by a reduction in competition of health care and related services continue to be outweighed by clear and convincing evidence of **benefits** of the Cooperative Agreement.



Sub-Indices

The COPA Index consists of four categories of measures or Sub-Indices that correspond to the potential benefits and disadvantages of the affiliation for which the COPA was issued:

- Population Health Sub-Index – consisting of measures to track improvements in population health;
- Access Sub-Index – consisting of measures to track increased access to health care and prevention services;
- Economic Sub-Index – consisting of measures to verify a minimization of economic disadvantages resulting from a reduction in competition or degree of compliance with the Terms of Certification; and

- Other Sub-Index – consisting of other benefits, such as enhancement of quality of care, patient satisfaction and medical research and education.

Annual Review

Pursuant to the COPA Rules 1200-38-01-.03 and the Terms of Certification, as part of its exercise of active supervision, TDH will annually use an Index to track the demonstration of ongoing public advantage. The annual review will include: 1) the determination of a final score and pass/fail grade, 2) Ballard's degree of compliance with the Terms of Certification, 3) trends of Ballard's performance subsequent to the issue date and 4) other factors relevant to TDH's determination of the likely benefits and disadvantages of the affiliation.

Data reported in the Population Health, Access to Health Services and Other Report(s) as well as Ballard's Annual Report and other sources as deemed appropriate will be used to calculate the Population Health, Access and Other Sub-Index scores.

DRAFT

Appendix 3: *Other (Quality) Sub-Index Data*

Notes

The COPA Quality **Target** Measures are comprised of the following Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN) Healthcare-Associated Infection (HAI) measures:

- 11 Agency for Healthcare Research and Quality (AHRQ) Quality Indicators
 - These 11 measures make up the Patient Safety and Adverse Events Composite, also known as PSI 90, as updated 8-31-16, and referred to as v6.0, and were the most updated and modified version of the Patient Safety Indicators for Selected Indicators Quality Indicator Composite as of the drafting of the [Terms of Certification](#).
 - The AHRQ's PSI 90 Fact Sheet can be accessed here: https://www.qualityindicators.ahrq.gov/News/PSI90_Factsheet_FAQ.pdf
- Five Hospital Acquired Condition measures were originally part of the COPA's Quality Target Measures list. These five measures, along with the CMS PSI 90 measures referenced above, comprise the measures in the Centers for Medicare and Medicaid Services Hospital-Acquired Conditions Reduction Program.
 - One of the measures, Surgical Site Infections (SSI) has subsequently been split into two measures for the Other (Quality) Sub-Index Table 1 and 2: Colon Surgical Site Infection and Hysterectomy Surgical Site Infection.
 - An overview from QualityNet of the Hospital Acquired Condition (HAC) Reduction Program can be accessed here: <https://www.qualitynet.org/inpatient/hac>

The COPA Quality **Monitoring** Measures consist of measures reported on Hospital Compare. Hospital Compare measures were selected by CMS Hospital Quality Initiative as they related to hospital performance and quality of care.

- These 83 measures fall under several performance categories: general/structural, patient experience, timely & effective care, complications, readmission, mortality, and efficient use of medical imaging.
- Hospitals may not be able to report data on all measures, due to the number and types of patients they treat.
- More information on Hospital Compare measures can be accessed here: <https://www.medicare.gov/hospitalcompare/Data/Measure-groups.htmlb>

Credits

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- Judi Knecht
- Elizabeth Jones

Arundel Metrics

- Tom Eckstein
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